

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND.	* DEP.		* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6	1						56					
7		1					57					
8			1				58					
9				1			59					
10	1				1		60					
11		1				1	61					
12			1				62	1				
13				1			63		1			
14					1		64			1		
15						1	65				1	
16	1						66		1			
17		1					67			1		
18			1				68				1	
19				1			69					1
20					1		70					
21		1					71					
22			1				72					
23				1			73					
24					1		74					
25						1	75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33	1						83					
34		1					84					
35			1				85					
36				1			86					
37					1		87					
38	1						88					
39		1					89					
40			1				90					
41				1			91					
42					1		92					
43						1	93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.	10				
TOTAL DEP.							TOTAL DEP.	55				
TOTAL CLAIMS							TOTAL CLAIMS	67				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS